PLACE OF BIRTH ARIZ	ONA STATE BOARD OF HEALTH
County of BUREAU	OF VITAL STATISTICS State Index No. 148
7	CERTIFICATE OF BIRTH Co. Registrar's No. 193
Town of	Local Registrar's No.
City of (No.	St;Ward)
FULL NAME OF CHILD William Dow Corde. If child is not named, make Supplemental Report on bloom	
Sex of Male Twin, other and Number in order of birth	
Full FATHER Name	Full MOTHER Maiden Name Bessie Foy
William Edward Cordell Residence	Residence
Globe, Ariz. Color Age at last 22	Globe, Ariz.
or Race White Birthday 31 Years	or Race Birthday 25
Birthplace	Birthplace
Texas Occupation Thursday desired	Texas
Truck driver	Occupation Housewife
Number of Children, of this mother, new	living 1 Were precautions taken against Ophthalmia neonatorum? CS
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 2.45	
Thereby certify that I attended the birth of the above child; and that it occurred on Sept. 18, 191 9 at P.M.	
When there is no attending physician or midwife, then the householder should make this return.	Signature Attending physician, midwife, householder.
	appending physicilin, minwite, nousenouser,
Given or Christian name added from a	Address Monday
supplemental report 191 Filed SEP	101 101
643-918-268 Dec 00	A True Copy C C LOOAL REGISTRAR.
COUNTY REGISTRAR.	COUNTY REGISTRAR.

the number of and in order of birth, stated. Trus certinguice muse we made with each local Registrar within 5 days after birth.